Case 17-80722 Doc 1 Filed 03/30/17 Entered 03/30/17 10:55:45 Desc Main Document Page 1 of 53

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | |
|-----|---|---|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Shawn First name James Middle name | First name Middle name | |
| | Bring your picture identification to your meeting with the trustee. | Dunn Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have | ve | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6437 | | |

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Case number (if known)

Debtor 1 Shawn James Dunn

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 1719 13th Ave. Rockford, IL 61104 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Winnebago | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Case number (if known) Debtor 1 Shawn James Dunn

| ar | Tell the Court About | Your B | ankruptcy Ca | ise | | | |
|-----|---|--------|--------------|--|--|--|---------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Require</i> page 1 and check the appr | ed by 11 U.S.C. § 342(b) for Individual opriate box. | s Filing for Bankruptcy |
| | choosing to file under | ■ Cl | hapter 7 | | | | |
| | | ☐ Cl | hapter 11 | | | | |
| | | ☐ CI | hapter 12 | | | | |
| | | ☐ CI | hapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | _ | about how yo | cal court for more details cashier's check, or money credit card or check with | | | |
| | | | | | allments. If you choose this (Official Form 103A). | s option, sign and attach the Application | on for Individuals to Pay |
| | | | | | | option only if you are filing for Chapte y if your income is less than 150% of t | |
| | | | | | | fee in installments). If you choose this (Official Form 103B) and file it with you | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No |). | | | | |
| | last 8 years? | ☐ Ye | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No |) | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Ye | es. | | | | |
| | affiliate? | | | | | | |
| | | | Debtor | | | Relationship to you | - |
| | | | District | | When | Case number, if kn | |
| | | | Debtor | | When | Relationship to you | |
| | | | District | | when | Case number, if kn | OWI1 |
| 11. | Do you rent your | □No | Go to I | ine 12. | | | |
| | residence? | ■ Ye | es. Has yo | ur landlord obta | nined an eviction judgment a | against you and do you want to stay in | your residence? |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out Initial | | iction Judgment Against You (Form 10 | 1A) and file it with this |
| | | | | | | | |

Document Page 4 of 53 Case number (if known) Debtor 1 Shawn James Dunn Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard?

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Shawn James Dunn

Snawn James Dunn

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Debtor 1 Shawn James Dunn Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shawn James Dunn Signature of Debtor 2 Shawn James Dunn Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on March 30, 2017

MM / DD / YYYY

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Debtor 1 Shawn James Dunn Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel | A. Springer | Date | March 30, 2017 |
|-----------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Daniel A. S | Springer | | |
| Springer L | .aw Firm | | |
| Firm name | | | |
| 2222 E Sta | ite St | | |
| Suite 107 | | | |
| Rockford, | IL 61104 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 815.312.4725 | Email address | dspringerlaw@gmail.com |
| 6314059 | | | |
| Bar number & S | tate | | |

| | | DOCHM | <u>ani Pane 8 01.53 </u> | |
|---------------------|--------------------------|-------------------|--------------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Shawn James Du | ınn | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | _ 0, , , , , , |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,200.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 3,200.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | abilities : you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 26,131.62 |
| | Your total liabilities | \$ | 26,131.62 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,713.32 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,698.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a personal, | family, or |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Shawn James Dunn

Document Page 9 of 53
Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_______2,132.90

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| From Fart 4 on Schedule E/F, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | | Document | Page 10 of 53 | | |
|---|---|--|--|---|---------------------------|--|
| Fill in this in | nformation to ident | ify your case a | nd this filing: | | | |
| Debtor 1 | Shawn Jai | mes Dunn | Middle Name | Last Name | | |
| Debtor 2 | | | Middle Name | Last Name | | |
| (Spouse, if filing) | s Bankruptcy Court | for the: NORT | THERN DISTRICT OF ILLI | | | |
| | | ioi tile. IVOICI | TIERRO DIOTRIOT OF IEEE | 14010 | | _ |
| Case numbe | er | | | | | ☐ Check if this is an amended filing |
| | | | | | | - |
| Official | Form 106A | <u>/B</u> | | | | |
| Sched | ule A/B: F | Property | y | | | 12/15 |
| think it fits be information. If Answer every | st. Be as complete ar more space is neede question. | nd accurate as po d, attach a separ | ossible. If two married peopl | an asset fits in more than on le are filing together, both ar ne top of any additional page | e equally responsible for | supplying correct |
| | | | | | | |
| _ | | equitable interes | st in any residence, building | , iand, or similar property? | | |
| ■ No. Go to | | | | | | |
| res. wr | nere is the property? | | | | | |
| Part 2: Desc | cribe Your Vehicles | | | | | |
| someone else | e drives. If you lease | a vehicle, also | | whether they are register Executory Contracts and Ur | | vehicles you own that |
| □ No | | | | | | |
| Yes | | | | | | |
| 0.4 | Volvo | | | | Do not deduct secured | claims or exemptions. Put |
| 3.1 Make: Model: | 070 | | Who has an interest in the Debtor 1 only | le property? Check one | the amount of any secu | ured claims on Schedule D: laims Secured by Property. |
| Year: | 1998 | | Debtor 2 only | | Current value of the | Current value of the |
| | ximate mileage: | 160,000 | Debtor 1 and Debtor 2 | , | entire property? | portion you own? |
| Other | information: | | At least one of the debt | ors and another | | |
| | | | Check if this is comm (see instructions) | unity property | \$2,000.00 | \$2,000.00 |
| | | | | | | |
| | , , | , | | icles, other vehicles, and | | |
| Examples: | Boats, trailers, moto | ors, personai wa | itercraft, fishing vessels, sr | nowmobiles, motorcycle ac | cessories | |
| ■ No | | | | | | |
| ☐ Yes | | | | | | |
| | | | | | | |
| | | | | rom Part 2, including any | | \$2,000.00 |
| D. () | | | | | | |
| | ribe Your Personal a | | ems terest in any of the follov | ving items? | | Current value of the |
| | , | • | , | · | | portion you own? Do not deduct secured claims or exemptions. |
| | ld goods and furnis | | , china, kitchenware | | | |

□ No

Official Form 106A/B Schedule A/B: Property

| | Case 17-80722 | Doc 1 | Filed 03/30/17 | Entered 03/30/17 10:55:45 | Desc Main |
|-------------------------|---|---------------|---------------------------|--|---|
| Debtor 1 | Shawn James Dunn | | Document | Page 11 of 53 Case number (if known | n) |
| ■ Yes. | Describe | | | | |
| | Couch, | , table, fold | d-out chairs, comput | er stand, bed | \$500.00 |
| 7. Electron | | audio vidoo | stores and digital agui | pment; computers, printers, scanners; music | collections: electronic devices |
| ■ No | including cell phones, c | | | pment, computers, printers, scanners, music | conections, electronic devices |
| | Describe | | | | |
| | bles of value les: Antiques and figurines; other collections, memo | | | ooks, pictures, or other art objects; stamp, coi | n, or baseball card collections; |
| | Describe | | | | |
| Exampl | ent for sports and hobbie les: Sports, photographic, e. musical instruments | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; canoes | s and kayaks; carpentry tools; |
| 10. Firearr | | s, ammunitio | on, and related equipmer | nt | |
| | Describe | | | | |
| 11. Clothe Examp □ No | s oles: Everyday clothes, furs | , leather coa | ts, designer wear, shoes | s, accessories | |
| | Describe | | | | |
| | Used C | lothing | | | \$200.00 |
| ■ No | • | tume jewelry | , engagement rings, wed | dding rings, heirloom jewelry, watches, gems | , gold, silver |
| <i>Exam</i> µ □ No | arm animals bles: Dogs, cats, birds, hors | ses | | | |
| ■ Yes. | Describe | | | | |
| | 2 dogs | , 2 cats | | | \$0.00 |
| ■ No | her personal and househo | | ou did not already list, | including any health aids you did not list | |
| — 103. | Give specific information | ••• | | | |
| | the dollar value of all of yo art 3. Write that number h | | , | any entries for pages you have attached | \$700.00 |
| Part 4: De | scribe Your Financial Assets | | | | |
| Do you ov | vn or have any legal or eq | uitable inte | rest in any of the follow | ving? | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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Case number (if known) Document Debtor 1 **Shawn James Dunn** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking Blackhawk Bank \$500.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes. Give specific information about them...

■ No

Case 17-80722

Doc 1

Filed 03/30/17

Entered 03/30/17 10:55:45

Desc Main

| | | Case | 17-80722 | Doc 1 | Filed 03/30/17 Document | Entered 03/30/17 10:55:45 | Desc Main |
|-----|-------------|----------------|--|------------------------|--|---|--|
| D | ebtor 1 | Shawn | James Dunn | | Document | Page 13 of 53 Case number (if known) | |
| 27. | Examp ■ No | oles: Buildir | ises, and other ng permits, exclu | isive licenses | | n holdings, liquor licenses, professional license | es |
| B.4 | | | | | | | Comment value of the |
| IVI | oney or p | property o | wed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owe | d to you | | | | |
| | ☐ Yes. (| Give specit | fic information a | bout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| 29. | ■ No | oles: Past d | · | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | □ res. (| Give speci | fic information | | | | |
| 30. | Examp | oles: Unpaid | omeone owes y d wages, disabil its; unpaid loans | ty insurance | | efits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | ■ No | Give spec | ific information | | | | |
| | | | | | | | |
| 31. | | | ance policies a, disability, or life | e insurance; ł | nealth savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| | ☐ Yes. I | Name the i | | any of each pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| 32. | If you a | | eficiary of a livin | | someone who has die t proceeds from a life in | ed surance policy, or are currently entitled to rece | eive property because |
| | _ | Give spec | ific information | | | | |
| | | • | | | | | |
| 33. | | | | | you have filed a lawsui surance claims, or rights | it or made a demand for payment s to sue | |
| | | Describe e | each claim | | | | |
| 34. | Other c | ontingent | and unliquidat | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| | ☐ Yes. | Describe e | each claim | | | | |
| 35. | Any fin | ancial ass | sets you did no | already list | | | |
| | ☐ Yes. | Give spec | ific information | | | | |
| 36 | | | | | om Part 4, including a | ny entries for pages you have attached | \$500.00 |
| Pa | art 5: Des | scribe Any I | Business-Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| 37 | Do vou o | own or have | any legal or equ | itable interest | in any business-related p | roperty? | |
| | No. Go | | | | | | |
| | ☐ Yes. G | so to line 38. | | | | | |

Case 17-80722 Doc 1 Filed 03/30/17 Entered 03/30/17 10:55:45 Desc Main Page 14 of 53
Case number (if known) Document Debtor 1 **Shawn James Dunn** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$2,000.00 57. Part 3: Total personal and household items, line 15 \$700.00 Part 4: Total financial assets, line 36 \$500.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 60. Part 7: Total other property not listed, line 54 \$0.00 61.

\$3,200.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$3,200.00

\$3,200.00

| | Ca | Se 17-80722 DOC. | Document | | Page 15 of 53 | 0.45 D | esc Main | |
|---|--|---|--|-----------------------------------|--|--|---|--|
| Fil | II in this inform | nation to identify your case: | 12()(1)(1)(1)(1) | | | | | |
| De | ebtor 1 | Shawn James Dunn | | | | | | |
| | 10 | First Name | Middle Name | L | ast Name | | | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | L | ast Name | | | |
| Un | nited States Bar | nkruptcy Court for the: NOF | RTHERN DISTRICT OF | ILLIN | OIS | | | |
| | | | | | | | | |
| | ase number | | | | | | Check if this is an amended filing | |
| O | fficial Fo | rm 106C | | | | | | |
| S | chedule | e C: The Prope | erty You Cla | im | as Exempt | | 4/16 | |
| For spe any fun exe to t | ecific dollar and applicable stands—may be use mption to a pathe applicable applicable at 1: | property you claim as exemp nount as exempt. Alternative atutory limit. Some exemption nlimited in dollar amount. He | ely, you may claim the fors—such as those for owever, if you claim an the value of the propert | ull fa heal exer ty is c | ount of the exemption you claim. our market value of the property be th aids, rights to receive certain be nption of 100% of fair market valudetermined to exceed that amount our spouse is filing with you. | ing exempt enefits, an e under a l | ed up to the amount of d tax-exempt retirement aw that limits the | |
| | You are cla | aiming state and federal nonba | ankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | |
| | ☐ You are cla | aiming federal exemptions. 11 | I U.S.C. § 522(b)(2) | | | | | |
| 2. | For any prop | erty you list on Schedule A/ | B that you claim as exe | empt, | fill in the information below. | | | |
| | | on of the property and line on | Current value of the | Am | ount of the exemption you claim | Specific laws that allow exemption | | |
| | Schedule A/B | that lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | |
| | | S70 160,000 miles | \$2,000.00 | | \$2,400.00 | 735 ILC | 5 5/12-1001(c) | |
| | Line from Sch | nedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Couch, tabl | e, fold-out chairs, tand, bed | \$500.00 | | \$500.00 | 735 ILC | 5 5/12-1001(b) | |
| | | nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Used Clothi | ing nedule A/B: 11.1 | \$200.00 | | \$200.00 | 735 ILC | 6 5/12-1001(a) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | _ | Blackhawk Bank nedule A/B: 17.1 | \$500.00 | | \$500.00 | 735 ILC | S 5/12-1001(b) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | | | | | | | | |

3. Are you claiming a homestead exemption of more than \$160,375?

| Sub | oject to | adjustmen | t on 4 | 1/01/19 | and e | very 3 | years | after | that fo | or cases | filed | on (| or after | the | date o | f adjustme | nt. |
|-----|----------|-----------|--------|---------|-------|--------|-------|-------|---------|----------|-------|------|----------|-----|--------|------------|-----|
|-----|----------|-----------|--------|---------|-------|--------|-------|-------|---------|----------|-------|------|----------|-----|--------|------------|-----|

No

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

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Debtor 1 Shawn James Dunn

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| Fill in this inform | nation to identify your | | | | | |
|---|-------------------------|-------------------------------|-----------|---|---|---------------------|
| Debtor 1 | | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | | | | |
| Case number _ | | | | | | |
| (if known) | | | | | _ | Check if this is an |
| | | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | Documen | t Page 18 of 53 | • |
|---|--|--|---|---|
| Fill in this info | rmation to identify your o | case: | | |
| Debtor 1 | Shawn James Du | nn | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | First Name | Middle Nome | Look Nama | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT O | PF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| | 1005/5 | | | j |
| Official For | | | | 4045 |
| Schedule | E/F: Creditors W | ho Have Unsecur | ed Claims | 12/15 |
| Schedule D: Credeft. Attach the Coname and case n | litors Who Have Claims Secu | ared by Property. If more space. If you have no information to | iG). Do not include any creditors with partially be is needed, copy the Part you need, fill it out, to report in a Part, do not file that Part. On the | number the entries in the boxes on the |
| | itors have priority unsecured | | | |
| No. Go to | • • | a cianno agamer you . | | |
| ☐ Yes. | rait 2. | | | |
| | All of Your NONPRIORIT | Y Unsecured Claims | | |
| □ No. You h ■ Yes. | | art. Submit this form to the court | | |
| unsecured cl | aim, list the creditor separately | for each claim. For each claim | of the creditor who holds each claim. If a credi listed, identify what type of claim it is. Do not list c you have more than three nonpriority unsecured of | laims already included in Part 1. If more |
| | | | | Total claim |
| | ns Finance | Last 4 digits of | f account number | \$7,073.62 |
| Attn: I 6457 N | rity Creditor's Name Bankruptcy Dept. N 2nd St | When was the | debt incurred? | |
| | Street City State Zlp Code | As of the date | you file, the claim is: Check all that apply | |
| | curred the debt? Check one. | 7.0 0 0 | you me, and claim for chook an area apply | |
| | or 1 only | ☐ Contingent | | |
| ☐ Debt | or 2 only | ☐ Unliquidated | 4 | |
| _ | for 1 and Debtor 2 only | ☐ Disputed | ~ | |
| _ | ast one of the debtors and and | | RIORITY unsecured claim: | |
| | ck if this claim is for a comm | Па | | |
| debt | laim subject to offset? | | arising out of a separation agreement or divorce t | hat you did not |
| ■ No | oubjoot to ondet! | | nsion or profit-sharing plans, and other similar deb | ots |
| □ Yes | | · | Sify Auto Deficiency | |
| — . 63 | | - Other. Spec | ліу | |

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| Debte | or 1 Shawn James Dunn | Case number (if know) | |
|-------|--|---|------------|
| 4.2 | Comcast Nonpriority Creditor's Name | Last 4 digits of account number | \$426.00 |
| | Attn: Bankruptcy Dept. PO Box 3005 | When was the debt incurred? | |
| | Southeastern, PA 19398 Number Street City State Zlp Code | As at the date was till the plaint in Obsal all that and | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Пол | |
| | | ☐ Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Utilities | |
| | | . , | |
| 4.3 | Comcast Nonpriority Creditor's Name | Last 4 digits of account number | \$332.00 |
| | Attn: Bankruptcy Dept. PO Box 3005 | When was the debt incurred? | |
| | Southeastern, PA 19398 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Offect all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | | | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Utilities | |
| 4.4 | Frank Atchley | Last 4 digits of account number | Unknown |
| 4.4 | Nonpriority Creditor's Name | | Olikilowii |
| | 425 S 9th St. | When was the debt incurred? | |
| | Rochelle, IL 61068 | - As file has a file disable to October 1 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | □Yes | ■ Other. Specify Vehicle Accident | |

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Debtor 1 Shawn James Dunn Case number (if know) 4.5 \$177.00 **Frontier Communications** Last 4 digits of account number Nonpriority Creditor's Name 1398 South Woodland Blvd, Suite B When was the debt incurred? Deland, FL 32720 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Utilities ☐ Yes 4.6 Illinois Secretary of State Last 4 digits of account number \$2,750.00 Nonpriority Creditor's Name When was the debt incurred? 2701 South Dirksen Parkway Springfield, IL 62723 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Suspended Driver's License** Other. Specify 4.7 **Infinity Healthcare Physicians** Last 4 digits of account number \$1,876.00 Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy Dept. 111 E Wisconsin Ave. Suite 2000 Milwaukee, WI 53202 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes

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Debtor 1 Shawn James Dunn Case number (if know) 4.8 \$1,641.00 **Mark Mercer** Last 4 digits of account number Nonpriority Creditor's Name 977 Indian Terrace When was the debt incurred? Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Back Rent ☐ Yes 4.9 **Michele Dobbs** Last 4 digits of account number Unknown Nonpriority Creditor's Name When was the debt incurred? 1124 30th St. Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Vehicle Accident** Other. Specify 4.1 Miller Eye Center Ltd. \$275.00 Last 4 digits of account number Nonpriority Creditor's Name 2995 Eastrock Dr. When was the debt incurred? Rockford, IL 61109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes

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Document Page 22 of 53 Debtor 1 Shawn James Dunn Case number (if know) 4.1 \$750.00 Radiology Consultants of Rockford Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 39020 Eagle Way Chicago, IL 60678 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Bills **Rockford Mutual Insurance** 4.1 \$9.901.00 2 Company Last 4 digits of account number Nonpriority Creditor's Name 527 Colman Center Drive When was the debt incurred? Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Auto Accident ☐ Yes 4.1 Sarah Schirmer Unknown Last 4 digits of account number 3 Nonpriority Creditor's Name 717 N Chicago Ave. When was the debt incurred? Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Vehicle accident ☐ Yes

Document Page 23 of 53 Case number (if know) Debtor 1 Shawn James Dunn 4.1 **Sprint** \$535.00 Last 4 digits of account number Nonpriority Creditor's Name KSOPHT0101-Z4300 When was the debt incurred? 6391 Sprint Parkway Overland Park, KS 66251 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utilities 4.1 Swedish American Health System \$395.00 Last 4 digits of account number 5 Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **ATG Credit LLC** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 14895 Chicago, IL 60614 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Barrick, Switzer, Long, Balsley Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 6833 Stalter Drive 1st Floor Part 2: Creditors with Nonpriority Unsecured Claims Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Commonwealth Financial Line **4.7** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims 245 Main St.

Official Form 106 E/F

Scranton, PA 18519

Last 4 digits of account number

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| Debtor 1 Shawn James Dunn | Document Pay | Case number (if know) |
|--|--|--|
| Name and Address Commonwealth Financial Attn: Bankruptcy Dept. 245 Main St. | On which entry in Part 1 or Part 2 d Line <u>4.15</u> of (<i>Check one</i>): | Iid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Scranton, PA 18519 | Last 4 digits of account number | |
| Name and Address Convergent Outsourcing Attn: Bankruptcy Dept. PO Box 9004 Renton, WA 98057 | On which entry in Part 1 or Part 2 d Line 4.3 of (<i>Check one</i>): | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Nomen, WY coop. | Last 4 digits of account number | |
| Name and Address Country Financial Attn: Bankruptcy Dept. PO Box 2100 Bloomington, IL 61702-2100 | On which entry in Part 1 or Part 2 d Line 4.9 of (<i>Check one</i>): | lid you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Credit Management LP Attn: Bankruptcy Dept. 4200 International Parkway Carrollton, TX 75007 | On which entry in Part 1 or Part 2 d Line 4.2 of (<i>Check one</i>): Last 4 digits of account number | ilid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Diversified Consultants Attn: Bankruptcy Dept. PO Box 551268 Jacksonville, FL 32255 | On which entry in Part 1 or Part 2 d Line 4.14 of (<i>Check one</i>): Last 4 digits of account number | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Equifax PO Box 740256 Atlanta, GA 30374 | On which entry in Part 1 or Part 2 d Line 4.1 of (Check one): Last 4 digits of account number | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Experian PO Box 4500 Allen, TX 75013 | On which entry in Part 1 or Part 2 d Line 4.1 of (Check one): Last 4 digits of account number | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Illinois Secretary of State 2701 South Dirksen Parkway Springfield, IL 62723 | On which entry in Part 1 or Part 2 d Line 4.12 of (Check one): Last 4 digits of account number | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Liberty Mutual Group, Inc. 175 Berkeley St. Boston, MA 02116 | On which entry in Part 1 or Part 2 d Line 4.13 of (Check one): Last 4 digits of account number | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235 | On which entry in Part 1 or Part 2 d Line 4.15 of (<i>Check one</i>): Last 4 digits of account number | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address State Auto Insurance Attn: Bankruptcy Department | On which entry in Part 1 or Part 2 d Line 4.4 of (Check one): | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims |

. , .

Official Form 106 E/F

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Document Page 25 of 53 Case number (if know) Debtor 1 Shawn James Dunn PO BOX 22253 Part 2: Creditors with Nonpriority Unsecured Claims Beachwood, OH 44122 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Susan Brazas Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1707 East State Street ■ Part 2: Creditors with Nonpriority Unsecured Claims Rockford, IL 61104 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **TransUnion** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 555 West Adams Street ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60661 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Tri-State Adjustments** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 440 Challenge Street Part 2: Creditors with Nonpriority Unsecured Claims Freeport, IL 61032 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Winnebago County Circuit Court ☐ Part 1: Creditors with Priority Unsecured Claims 400 W State St Part 2: Creditors with Nonpriority Unsecured Claims 2013 SC 2510 Rockford, IL 61101 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Winnebago County Circuit Court Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 400 W State St ■ Part 2: Creditors with Nonpriority Unsecured Claims 2010 SC 4289 Rockford, IL 61101 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Winnebago County Circuit Court Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 400 W State St Part 2: Creditors with Nonpriority Unsecured Claims 2009 SC 3545 Rockford, IL 61101

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 26,131.62 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 26,131.62 |

Last 4 digits of account number

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Debtor 1 Shawn James Dunn

Official Form 106 E/F

| | | 1700.11111 | 111 FAUE / LULJS | |
|---|-------------------------|-------------------|------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Shawn James Du | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the , Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Otate | Zii Code | |
| | Name | | | | |
| | | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | | | | | |

| | | Docume | nt Page 28 of | 53 | _ |
|--|---|---|---|--|---|
| Fill in thi | s information to identify your | | | | |
| Debtor 1 | Shawn James Du | nn | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Earl Name | Middle News | Last Name | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case nur | nber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | J Form 106H | | | | |
| | al Form 106H | 1 4 | | | |
| Sche | dule H: Your Cod | ebtors | | | 12/15 |
| 1. Do 1. Do 1. Do 1. Ye 2. Wi Arizo 1. Ye 3. In Co in lin Form | e and case number (if known) you have any codebtors? (If your setting the last 8 years, have you na, California, Idaho, Louisiana, o. Go to line 3. es. Did your spouse, former spouse, lumn 1, list all of your codebt e 2 again as a codebtor only is 106D), Schedule E/F (Official column 2. | Answer every question you are filing a joint case, of lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | do not list either spouse as operty state or territory? erto Rico, Texas, Washing with you at the time? spouse as a codebtor if tor or cosigner. Make su | s a codebtor. (Community proper gton, and Wisconsin. your spouse is filir ire you have listed to go. Use Schedule D. | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | D.Codo | | | editor to whom you owe the debt |
| | rvamo, rvumbor, onder, only, orale and Zi | 1 Oode | | Check all schedul | еѕ шат арріу: |
| 3.1 | Cassandra MacVenn 117 East Greenview Aven Machesney Park, IL 61115 | | | ☐ Schedule D, ☐ Schedule E/F☐ Schedule G _ Rockford Mutu | |
| 3.2 | Cassandra MacVenn 117 East Greenview Aven Machesney Park, IL 61115 | | | ☐ Schedule D, ☐ Schedule E/F ☐ Schedule G ☐ Citizens Finance | F, line4.1 |

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| Fill | in this information to identify your ca | ase: | | | | | | | | |
|---------------------------|--|---|--|---------------------|-----------------|---------------------------|----------------------|------------------------------------|-------------------------|-----------------|
| | otor 1 Shawn Jame | | | | | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| (If kr | fficial Form 106l | | | | | ☐ An ☐ A s 13 i | income a | ent showing po as of the follow | | chapter |
| _ | chedule I: Your Inc | omo | | | | MM | 1 / DD/ Y | YYY | | 12/15 |
| sup spo atta Par | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. **T1: Describe Employment** | are married and not filing wi | ng jointly, and your s ith you, do not includ | pouse i e inforr | s livi natio | ing with yo on about y | ou, inclu our spo | ude informati use. If more | ion about space is i | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-filing | j spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ☐ Emplo | • | | |
| | information about additional employers. | | ☐ Not employed | | | | ☐ Not er | mployed | | |
| | Include part-time, seasonal, or | Occupation | Machine Operato | r | | | | | | |
| | self-employed work. | Employer's name | Rockford Precision Machine | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 4729 Hydraulic R Rockford, IL 611 | | | | | | | |
| | | How long employed to | here? <u>1 year</u> | | | | _ | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to re | oort for | any li | ine, write \$ | 60 in the | space. Includ | e your nor | า-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | mplo | yers for th | at perso | n on the lines | below. If y | ou need |
| | | | | | | For Debto | or 1 | For Debtor | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | ry, and commissions (b calculate what the monthl | efore all payroll y wage would be. | 2. | \$ | 2,4 | 26.67 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |

2,426.67

N/A

Calculate gross Income. Add line 2 + line 3.

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| Debt | tor 1 | Shawn James Dunn | - | С | ase number | (if known) | | | | |
|------|---------------|--|------------|------------|-----------------|---------------|------|--|-------------|-----------|
| | | | | | For Dobto | r 1 | | or Dobtor | 2 or | |
| | | | | | | | | or Debtor 2 or on-filing spouse | | |
| | Сор | y line 4 here | 4. | | \$ 2, | 426.67 | \$ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 454.87 | \$ | j | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | 0.00 | \$ | <u>, </u> | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.00 | \$ | ; | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | | | 230.27 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: Disability | 5g. 5h. | | \$ \$ | 0.00 28.21 | + \$ | | N/A N/A | _ |
| 6 | | | _ | | · ——— | | . \$ | - | | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | | 713.35 | | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | ; | [₿] 1, | 713.32 | \$ | ' | N/A | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | • | | | | | |
| | 01 | monthly net income. | 8a. | | \$ | 0.00 | \$ | | N/A | _ |
| | 8b. | Interest and dividends | 8b. | • | \$ | 0.00 | \$ | ' | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.00 | \$ | 5 | N/A | |
| | 8d. | Unemployment compensation | 8d | | \$ | 0.00 | \$ | ; | N/A | _ |
| | 8e. | Social Security | 8e | | \$ | 0.00 | \$ | ; | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. | | \$ | 0.00 | \$ | | N/A | _ |
| | 8g. 8h. | Other monthly income. Specify: | 8g. 8h. | | φ \$ | 0.00 | + \$ | | N/A N/A | _ |
| | OH. | Other monthly income. Specify. | _ 011 | | Ψ | 0.00 | T 4 | <u>'</u> | IN/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$ | i | N/A | 4 |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1,713. | 32 + \$ | | N/A | = \$ | 1,713.32 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | * — | 1,1 10. | | | 107 | | 1,7 10.02 |
| 11. | Stat Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depe | | | | | in <i>Schedule</i> | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | \$Combin | |
| 13. | Dov | ou expect an increase or decrease within the year after you file this form | ? | | | | | | monthl | ly income |
| 10. | . | No. | • | | | | | | | |
| | _ | Ves Evolain: | | | | | | | | |

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| | in this informs | tion to identify ve | 2115 00001 | | | | | | | | |
|-------------------|--|--|--------------------------------------|---|--|---------------------------------------|--------------------------------------|-------------------------------|--|--|--|
| | | tion to identify yo | our case: | | | | | | | | |
| Deb | tor 1 | Shawn James Dunn | | | Check if this is: | | | | | | |
| Deb | otor 2 | | | | | | An amended filing A supplement show | wing postpetition chapter | | | |
| | (Spouse, if filing) | | | | | 13 expenses as of the following date: | | | | | |
| Unit | ed States Bankr | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLING | OIS | | MM / DD / YYYY | | | | |
| Cas | e number | | | | | | | | | | |
| (lf kı | nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | |
| | | J: Your | Exner | 1888 | | | | 12/15 | | | |
| Be info nun | as complete a ormation. If m mber (if know | and accurate as lore space is ne n). Answer ever | possible eded, atta ry questio | If two married people are ch another sheet to this t | | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | hold | | | | | | | | |
| ٠. | ■ No. Go to | line 2. | | | | | | | | | |
| | | s Debtor 2 live i | in a separ | ate household? | | | | | | | |
| | □ N □ Y | - | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | <i>hold</i> of De | ebtor 2. | | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | | | |
| | Do not state | the | | | | | | □ No | | | |
| | dependents | names. | | | | | | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | - | | | ☐ Yes ☐ No | | | |
| | | | | | | | | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | ☐ Yes | | | |
| 3. | expenses of | penses include f people other to d your depende | han $_{m \Box}$ | No Yes | | | | | | | |
| | yoursen and | u your depende | 1110 : | | | | | | | | |
| Est exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | | |
| the | value of such | h assistance an | | government assistance it cluded it on <i>Schedule I:</i> Y | | | Your exp | enses | | | |
| (OII | ficial Form 10 | юі.) | | | | | Tour oxp | | | | |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | 4. | \$ | 575.00 | | | |
| | If not includ | led in line 4: | | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | | | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | · · | 0.00 | | | |
| | | | • | ipkeep expenses | | 4c. | | 0.00 | | | |
| 5. | | owner's associat | | | ma aquity lacas | 4d. 5. | · - | 0.00 | | | |
| J. | Auditional | nortyaye payine | ento for yo | our residence , such as hor | ne equity loans | ວ. | Ψ | 0.00 | | | |

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| Deptor 1 | Snawn J | ames Dunn | Case num | ber (if known) | |
|-----------------------|--|--|--------------|-------------------|--------------------------|
| 6. Util | ities: | | | | |
| o. Otii 6a. | | heat, natural gas | 6a. | \$ | 180.00 |
| 6b. | | wer, garbage collection | 6b. | · | 80.00 |
| 6c. | - | e, cell phone, Internet, satellite, and cable services | 6c. | · | 0.00 |
| 6d. | Other. Spe | | 6d. | | 0.00 |
| | | ekeeping supplies | 7. | \$ | 300.00 |
| | | children's education costs | 8. | \$ | 0.00 |
| _ | | ry, and dry cleaning | 9. | · . | 50.00 |
| | _ | roducts and services | 9. 10. | | |
| | • | | | · | 25.00 |
| | | ntal expenses | 11. | » | 25.00 |
| | n sportation. not include ca | Include gas, maintenance, bus or train fare. | 12. | \$ | 250.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | · | 50.00 |
| | | ributions and religious donations | 14. | · - | 0.00 |
| | urance. | ributions and religious donations | 14. | Ψ | 0.00 |
| | | surance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insura | | 15a. | \$ | 0.00 |
| | . Health ins | | 15b. | | 0.00 |
| | . Vehicle ins | | 15c. | · | 63.00 |
| | | rance. Specify: | 15d. | · | 0.00 |
| | | clude taxes deducted from your pay or included in lines 4 or 20. | 13u. | Ψ | 0.00 |
| | es. Do not in cify: | olde lakes deducted from your pay of included in lines 4 of 20. | 16. | \$ | 0.00 |
| | | ease payments: | | * | 0.00 |
| | | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | . Other. Spe | | 17c. | * | 0.00 |
| | . Other. Spe | | 17d. | · - | |
| | | · | | Φ | 0.00 |
| | | of alimony, maintenance, and support that you did not report a your pay on line 5, Schedule I, Your Income (Official Form 106I) | | \$ | 0.00 |
| | | s you make to support others who do not live with you. | - | \$ | 0.00 |
| | cify: | you make to cappoint among the first men your | 19. | <u> </u> | 0.00 |
| | | erty expenses not included in lines 4 or 5 of this form or on Scl | | our Income | |
| | | s on other property | 20a. | | 0.00 |
| | . Real estat | | 20b. | | 0.00 |
| | | nomeowner's, or renter's insurance | 20c. | | 0.00 |
| | | ice, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | er's association or condominium dues | 20a. 20e. | | 0.00 |
| | | | | · | |
| l. Oth | er: Specify: | Miscellaneous, Birthdays, Holidays, Haircuts | 21. | - φ | 100.00 |
| 2. Cal | culate your i | monthly expenses | | | |
| 22a | . Add lines 4 | through 21. | | \$ | 1,698.00 |
| 22b | . Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , <u>-</u> |
| | | a and 22b. The result is your monthly expenses. | | \$ | 1,698.00 |
| 220 | . , ww iiiio 220 | a and 225. The result to your monthly expenses. | | | 1,030.00 |
| 3. Cal | culate your i | monthly net income. | | | |
| 23a | . Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,713.32 |
| 23b | . Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 1,698.00 |
| | | | | | , |
| 23c | | our monthly expenses from your monthly income. | | | 45.00 |
| | The result | is your monthly net income. | 23c. | \$ | 15.32 |
| | | | | | |
| | | an increase or decrease in your expenses within the year after y | | | so or docrosse because : |
| | | ou expect to finish paying for your car loan within the year or do you expect yo terms of your mortgage? | ui mortgage | payment to increa | se of decrease decause (|
| _ | | torrio or your mortgago: | | | |
| | | [= | | | |
| | /es | Explain here: | | | |

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| Ellin delegate | | | | | |
|---------------------|--|---------------------------|------------------------------|-----------------------|--|
| Fill in this inform | nation to identify you | r case: | | | |
| Debtor 1 | Shawn James D | unn Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | |
| Case number _ | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | amended ming |
| | | | | | |
| Official Form | n 106Dec | | | | |
| Declarat | ion About | an Individua | I Debtor's Sc | hedules | 12/15 |
| | | | | | |
| If two married pe | ople are filing togeth | er, both are equally resp | onsible for supplying cor | rect information. | |
| obtaining money | | in connection with a ba | | | tement, concealing property, or 00, or imprisonment for up to 20 |
| Sign | n Below | | | | |
| Did you pay | y or agree to pay som | eone who is NOT an atte | orney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | | | nkruptcy Petition Preparer's Notice, |
| | | | | Declaration | n, and Signature (Official Form 119) |
| | Ity of perjury, I declare true and correct. | e that I have read the su | mmary and schedules file | d with this declarati | ion and |
| X /s/ Sha | wn James Dunn | | X | | |
| | James Dunn e of Debtor 1 | | Signature of | Debtor 2 | |

Date _____

Date March 30, 2017

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| Fill | in this inforn | nation to identify you | r case: | | | | | | | |
|-------------|---|---------------------------------|--|---|--|---|--|--|--|--|
| Del | btor 1 | Shawn James D | Ounn Middle Name | Last Name | | | | | | |
| Del | btor 2 | , not really | made Hame | <u> </u> | | | | | | |
| (Spc | ouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Uni | ited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | | |
| Cas | se number | | | | | | | | | |
| (if kr | nown) | | | | | ☐ Check if this is an | | | | |
| | | | | | | amended filing | | | | |
| \sim t | Kisial Es | was 407 | | | | | | | | |
| | ficial Fo | | Accelore Combodinal | desale Ellie e Con | D I | | | | | |
| | | | Affairs for Indivi | | | 4/1 | | | | |
| | | | ible. If two married people , attach a separate sheet to | | | | | | | |
| | | n). Answer every que | | | , | - , | | | | |
| Pai | rt 1: Give D | Details About Your Ma | arital Status and Where Yo | u Lived Before | | | | | | |
| 1. | What is you | r current marital statu | us? | | | | | | | |
| | _ | | | | | | | | | |
| | ■ Married■ Not mar | | | | | | | | | |
| _ | | | | | | | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | | | | | |
| | □ No | | | | | | | | | |
| | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior | Address: | Dates Debtor 2 lived there | | | | |
| | 4520 Gove Rockford, | ernors Drive Apt. # IL 61109 | 5 From-To: | ☐ Same as Debto | r 1 | ☐ Same as Debtor 1 From-To: | | | | |
| | 53 Senate Rockford, | | From-To: | ☐ Same as Debto | r1 | ☐ Same as Debtor 1 From-To: | | | | |
| 3. state | es and territor | ies include Arizona, Ca | ver live with a spouse or le ulifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (C | evada, New Mexico, Puerto | | ritory? (Community property and Wisconsin.) | | | | |
| Pai | rt 2 Evnlai | in the Sources of You | ır İncome | | | | | | | |
| · ai | Explai | | ii iiiooiiio | | | | | | | |
| 4. | Fill in the total | al amount of income yo | mployment or from operation received from all jobs and have income that you received. | all businesses, including pa | rt-time activities. | calendar years? | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill | I in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |

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Debtor 1 Shawn James Dunn

| | | | | Debtor 1 | | Debtor 2 | |
|--------------|-----------|-------------------------------|------------------------------|---|--|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | / 1 of curre filed for bai | nt year until nkruptcy: | ■ Wages, commissions, bonuses, tips | \$5,679.24 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$27,391.90 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$20,117.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| Li ■ □ | No | source and | Ü | me from each source separat | tely. Do not include income th | nat you listed in line 4. | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Part 3 | List | t Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | |
| 6. A | re eithei | r Debtor 1's Neither D | or Debtor 2 | s debts primarily consumer | debts? imer debts. Consumer debts | s are defined in 11 U.S.C. § 10 | 1(8) as "incurred by an |
| | | | • | re you filed for bankruptcy, die | d you pay any creditor a total | l of \$6,425* or more? | |
| | | □ No. □ Yes | Go to line 7 List below 6 | • | d a total of \$6.425* or more i | n one or more payments and t | he total amount vou |
| | | | paid that cre not include | editor. Do not include paymen payments to an attorney for the | its for domestic support oblig nis bankruptcy case. | ations, such as child support a | and alimony. Also, do |
| | Yes. | Debtor 1 | or Debtor 2 o | r both have primarily consure you filed for bankruptcy, die | mer debts. | , | • |
| | | ■ No. | Go to line 7 | | | | |
| | | ☐ Yes | | | d a total of \$600 or more and | I the total amount you paid tha | t creditor. Do not |
| | | | include pay | | | port and alimony. Also, do not | |
| , | `roditor' | s Name an | d Addrass | Dates of naumo | nt Total amount | Amount you Was this | navment for |

still owe

paid

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Case 17-80722 Document Page 36 of 53 ase number (*if known*) Debtor 1 Shawn James Dunn Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes

Yes. Fill in the details for each gift.

per person Person to Whom You Gave the Gift and Address:

Gifts with a total value of more than \$600

Describe the gifts

Dates you gave the gifts

Value

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Page 37 of 53 ase number (if known) Debtor 1 Shawn James Dunn 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You \$500.00 4/2016 \$500.00 Springer Law Firm 2222 E State St, Suite 107 Rockford, IL 61104 001DebtorCC \$14.95 3/15/2017 \$14.95 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Nο

Official Form 107

Yes. Fill in the details.

Person Who Received Transfer **Address**

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 **Shawn James Dunn**

| 19. | | thin 10 years before you filed for bankrup neficiary? (These are often called asset-pro No | | ny property to a | self-settle | d trust or similar device | of which | you are a |
|-----|------------|--|--|--------------------|-------------------------|--|--------------|---|
| | | Yes. Fill in the details. | | | | | | |
| | Na | me of trust | Description and | value of the pro | perty trans | sferred | Date Tr | ransfer was |
| Pa | t 8: | List of Certain Financial Accounts, Ins | struments, Safe Depos | it Boxes, and S | torage Unit | ts | | |
| 20. | sol Inc | hin 1 year before you filed for bankruptcy d, moved, or transferred? lude checking, savings, money market, o uses, pension funds, cooperatives, assoc | r other financial accou | ınts; certificates | s of deposi | | | |
| | | No Yes. Fill in the details. | nations, and other mia | | 13. | | | |
| | Na | nme of Financial Institution and Idress (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | | ast balance e closing or transfer |
| 21. | | you now have, or did you have within 1 y sh, or other valuables? | rear before you filed fo | r bankruptcy, a | ny safe de _l | posit box or other depos | sitory for s | securities, |
| | | No Yes. Fill in the details. | | | | | | |
| | | nme of Financial Institution Idress (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do y have | ou still e it? |
| 22. | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | Ime of Storage Facility Idress (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do y | ou still e it? |
| Pai | t 9: | Identify Property You Hold or Control | ŕ | | | | | |
| 23. | | you hold or control any property that sor someone. | neone else owns? Incl | lude any proper | ty you bor | rowed from, are storing | for, or ho | ld in trust |
| | | No Yes. Fill in the details. | | | | | | |
| | _ | vner's Name Idress (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | | Value |
| Pa | t 10 | Give Details About Environmental Info | ormation | | | | | |
| For | the | purpose of Part 10, the following definition | ons apply: | | | | | |
| | tox | vironmental law means any federal, state, ic substances, wastes, or material into the ulations controlling the cleanup of these | ne air, land, soil, surfac | e water, ground | | | | |

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 **Shawn James Dunn**

| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | une | der or in violation of an environme | ental law? | |
|-----|---|---|--|----------|-------------------------------------|--------------------|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Na | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | |
| 26. | Hav | e you been a party in any judicial or adm | ninistrative proceeding under any envi | ron | mental law? Include settlements a | nd orders. | |
| | | No Yes. Fill in the details. | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | |
| 27. | Wit | hin 4 years before you filed for bankrupt | cy, did you own a business or have an | y of | f the following connections to any | business? | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | . | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification number | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security r | number or IIIN. | |
| 28. | | hin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement t | o a | nyone about your business? Inclu | de all financial | |
| | | No Yes. Fill in the details below. | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | |
| | | | | | | | |

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Debtor 1 Shawn James Dunn

| are tru | ie and correct. I understand that makir | Financial Affairs and any attachments, and I declare under penalty of perjury that the answers gar false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both. |
|---------|---|---|
| /s/ S | hawn James Dunn | |
| | vn James Dunn ture of Debtor 1 | Signature of Debtor 2 |
| Date | March 30, 2017 | Date |
| Did yo | , | ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | rmation to identify your case: | | |
|--|--|--|--|
| Debtor 1 | Shawn James Dunn | | |
| Dahtaro | First Name Middle Name | e Last Name | |
| Debtor 2 (Spouse if, filing) | First Name Middle Name | e Last Name | |
| United States B | ankruptcy Court for the: NORTHERN D | DISTRICT OF ILLINOIS | |
| | | | |
| Case number | | | ☐ Check if this is an |
| | | | amended filing |
| If you are an inc creditors have you have lea You must file th which on the If two married p sign a Be as complete write y | dividual filing under chapter 7, you mus we claims secured by your property, or sed personal property and the lease hat is form with the court within 30 days after ever is earlier, unless the court extends form the second are filing together in a joint case, and date the form. and accurate as possible. If more space your name and case number (if known). | is not expired. Iter you file your bankruptcy petition or by the date set is the time for cause. You must also send copies to the liberal banks both are equally responsible for supplying correct informs is needed, attach a separate sheet to this form. On the | for the meeting of creditors, creditors and lessors you list ormation. Both debtors must |
| 1. For any credi | | ns e D: Creditors Who Have Claims Secured by Property (| Official Form 106D), fill in the |
| information be Identify the c | reditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's | | ☐ Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | |
| Description o | f | Retain the property and enter into a | ☐ Yes |
| property | ı | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt | : : | — Retain the property and texplains. | |
| Creditor's | | По 1 1 | |
| name: | | ☐ Surrender the property. | □ No |
| name. | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ☐ Yes |
| Description o | f | Reaffirmation Agreement. | |
| property | | Retain the property and [explain]: | |
| securing debt | t: | and the state of t | |

Official Form 108

Creditor's

Creditor's

Description of

securing debt:

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

 $\hfill\square$ Retain the property and enter into a

☐ Retain the property and [explain]:

Reaffirmation Agreement.

□ No

☐ Yes

☐ No

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| Debtor 1 | Shawn James Dunn | Case number (if ki | nown) |
|------------|---|---|--|
| name: | | Retain the property and redeem it. | ☐ Yes |
| Descrip | otion of | ☐ Retain the property and enter into a Reaffirmation Agreement. | |
| propert | | Retain the property and [explain]: | |
| securin | ng debt: | | |
| Part 2: | List Your Unexpired Personal Property | / Leases | |
| For any u | nexpired personal property lease that y ormation below. Do not list real estate le | ou listed in Schedule G: Executory Contracts and Unexpasses. Unexpired leases are leases that are still in effect at lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe | your unexpired personal property leas | es | Will the lease be assumed? |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on or reaseu | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on or reaseu | | ☐ Yes |
| Part 3: | Sign Below | | |
| | nalty of perjury, I declare that I have ind hat is subject to an unexpired lease. | icated my intention about any property of my estate tha | nt secures a debt and any personal |
| | Shawn James Dunn | X | |
| | wn James Dunn ature of Debtor 1 | Signature of Debtor 2 | |
| Date | March 30, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80722 Doc 1 Filed 03/30/17 Entered 03/30/17 10:55:45 Desc Main Document Page 47 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Shawn James Dunn | | Case No. | |
|---------|--|--|---|---|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR DE | BTOR(S) |
| C | arsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy | y, or agreed to be paid t | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 500.00 |
| | Prior to the filing of this statement I have received | | \$ | 500.00 |
| | Balance Due | | \$ | 0.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | ne source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. ■ | I have not agreed to share the above-disclosed compe | ensation with any other person | n unless they are memb | pers and associates of my law firm. |
| [| I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the nan | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to re | nder legal service for all aspe | cts of the bankruptcy ca | ase, including: |
| b c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on how | ement of affairs and plan which rs and confirmation hearing, a educe to market value; ex ns as needed; preparatio | th may be required; and any adjourned hear cemption planning; | ings thereof; preparation and filing of |
| 6. B | y agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding. | | | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any nkruptcy proceeding. | agreement or arrangement for | or payment to me for re | presentation of the debtor(s) in |
| Ма | rch 30, 2017 | /s/ Daniel A. Spr | | |
| Da | te | Daniel A. Spring Signature of Attorn Springer Law Fi 2222 E State St Suite 107 Rockford, IL 611 815.312.4725 dspringerlaw@g Name of law firm | ney rm | |

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Desc Main

Springer Law Firm

2222 East State St. # 107, Rockford, IL

815.312.4275

CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- 1. The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement. This includes adversary proceedings that may fall under the bankruptcy case. This agreement does not include representation in such adversary proceedings.
- 7. I understand that all money paid towards attorney fees is non-refundable. I understand that once I pay Springer Law, that Springer Law begins work on my case. I understand that the majority of bankruptcy work is done prior to the filing of the case, and because of this the fees are earned even before the filing of the case.
- 8. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 9. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 10. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 12 -5-15

Signature =

Print Name: Shown Duni

Attorney Signature:

Attorney Print:

United States Bankruptcy Court Northern District of Illinois

| In re | Shawn James Dunn | | Case No. | | |
|-------|--|---|----------------|---------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | VERIFICATION OF CREDITOR MATRIX | | | | |
| | | Number of C | reditors: _ | 33 | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | rs is true and | correct to the best of my | |
| Date: | March 30, 2017 | | | | |

ATG Credit LLC Attn: Bankruptcy Dept. PO Box 14895 Chicago, IL 60614

Barrick, Switzer, Long, Balsley 6833 Stalter Drive 1st Floor Rockford, IL 61108

Cassandra MacVenn 117 East Greenview Avenue Machesney Park, IL 61115

Citizens Finance Attn: Bankruptcy Dept. 6457 N 2nd St Loves Park, IL 61111

Comcast
Attn: Bankruptcy Dept.
PO Box 3005
Southeastern, PA 19398

Commonwealth Financial Attn: Bankruptcy Dept. 245 Main St. Scranton, PA 18519

Convergent Outsourcing Attn: Bankruptcy Dept. PO Box 9004 Renton, WA 98057

Country Financial Attn: Bankruptcy Dept. PO Box 2100 Bloomington, IL 61702-2100

Credit Management LP Attn: Bankruptcy Dept. 4200 International Parkway Carrollton, TX 75007 Diversified Consultants Attn: Bankruptcy Dept. PO Box 551268 Jacksonville, FL 32255

Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

Frank Atchley 425 S 9th St. Rochelle, IL 61068

Frontier Communications 1398 South Woodland Blvd, Suite B Deland, FL 32720

Illinois Secretary of State 2701 South Dirksen Parkway Springfield, IL 62723

Infinity Healthcare Physicians Attn: Bankruptcy Dept. 111 E Wisconsin Ave. Suite 2000 Milwaukee, WI 53202

Liberty Mutual Group, Inc. 175 Berkeley St. Boston, MA 02116

Mark Mercer 977 Indian Terrace Rockford, IL 61103

Michele Dobbs 1124 30th St. Rockford, IL 61108

Miller Eye Center Ltd. 2995 Eastrock Dr. Rockford, IL 61109 Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235

Radiology Consultants of Rockford Attn: Bankruptcy Dept. 39020 Eagle Way Chicago, IL 60678

Rockford Mutual Insurance Company 527 Colman Center Drive Rockford, IL 61108

Sarah Schirmer 717 N Chicago Ave. Rockford, IL 61107

Sprint KSOPHT0101-Z4300 6391 Sprint Parkway Overland Park, KS 66251

State Auto Insurance Attn: Bankruptcy Department PO BOX 22253 Beachwood, OH 44122

Susan Brazas 1707 East State Street Rockford, IL 61104

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

TransUnion 555 West Adams Street Chicago, IL 60661

Tri-State Adjustments 440 Challenge Street Freeport, IL 61032

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Winnebago County Circuit Court 400 W State St 2010 SC 4289 Rockford, IL 61101

Winnebago County Circuit Court 400 W State St 2009 SC 3545 Rockford, IL 61101